2001 UNIFORM BUSINESS REPORT (UE

2001	UNIFURM BUS	INESS REPU	JN I	(UBN)	¬ APPROVED	09241	
DOCUMENT # A9700000203 1. Entity Name YBOR III, LTD.					APPAOVED AND FILED		
					01 FEB 22 PM 2: 44	+	
Principal Place of Business Mailing Address 2109 EAST PALM AVENUE, SUITE 206 2109 EAST PALM AVENUE, SUITE 33605 TAMPA FL 33605			ie. Suite	206	SECRETARY OF STATE TALLAHASSEE, FLORIDA	4	
A David Community of the Address of			٦ 🚡	,···=			
Principal Place of Business Mailing Address				•			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number 59-3421655 Applied For Not Applicable			
Zip	Country Zip Cou		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
·	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent		
MCMULLEN, THOMAS J JR. 2109 EAST PALM AVENUE, SUITE 206							
				Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33605				City FL Zip Code			
8. The above	named entity submits this statement for	r the purpose of changing it	s register	ed office or regis	ered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registeron agent a	and title if applicable. (NC	TE: Registere	d Agent signature requi			
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
	A GENERAL PARTNER T	THAT IS A BUSINESS E	NTITY M	IUST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.		
12.	GENERAL PARTNER		13.	,	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	YBOR III GROUP, INC. 2112 NORTH 15TH STREET, SUITE 101			EET ADDRESS	4000037332041		
				/-ST-ZIP			
DOCUMENT # NAME	N9800000959 NATIONAL DEVELOPMENT FOUNDATION, INC. 4250 ALAFAYA TRAIL, SUITE 212-330		STR	EET ADDRESS		CR2	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT# NAME			STR	EET ADDRESS			
STREET ADDRESS CHY-ST-ZIP			CITY	'-ST-ZIP			
DOCUMENT # NAME		-	STR	EET ADDRESS			
STREET ADDRESS CIT's ST-ZIP	ESS			/-ST-ZIP			
DOCUMENT # NAME			STR	EET ADDRESS			
STREET ADORESS CITY-ST-ZIP			CITY	r-ST-ZIP	NA.		
DOCUMENT # NAME			STR	EET ADDRESS	2.77	<u> </u>	
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes President 116000, Tic.							
SIGNATURE: SIGNAT							